

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Spirit of Democracy America		FEC IDENTIFICATION NUMBER ▼ C C00521211	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee McNally Temple Associates, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 17 / 2016	
Mailing Address 1817 Capitol Avenue		Amount 11053.92	
City Sacramento	State CA	Zip Code 95811	Transaction ID : EDT.E.163
Purpose of Expenditure Direct Mail Services; Dissemination Date 05/17/16		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 18 / 2016
Name of Federal Candidate Peter Kuo		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 17 State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee McNally Temple Associates, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 18 / 2016	
Mailing Address 1817 Capitol Avenue		Amount 34000.00	
City Sacramento	State CA	Zip Code 95811	Transaction ID : EDT.E.162
Purpose of Expenditure Advertising - TV; Dissemination Date 05/18/16		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 18 / 2016
Name of Federal Candidate Paul Cook		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 08 State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	45053.92
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Thomas W. Hiltachk

[Electronically Filed]

Date

MM / DD / YYYY
05 / 18 / 2016

Signature

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(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Spirit of Democracy America		FEC IDENTIFICATION NUMBER ▼ C C00521211	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee McNally Temple Associates, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 18 / 2016	
Mailing Address 1817 Capitol Avenue		Amount 19898.86	
City Sacramento	State CA	Zip Code 95811	Transaction ID : EDT.E.164
Purpose of Expenditure Direct Mail Services; Dissemination Date 05/18/16		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 18 / 2016
Name of Federal Candidate Paul Cook		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	19898.86
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	64952.78

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Thomas W. Hiltachk

[Electronically Filed]

Date

MM / DD / YYYY
05 / 18 / 2016

Signature